



Menominee Indian Tribe of Wisconsin

Public Access Channel Appeal Form

NAME First: _____ Last: _____

MAILING ADDRESS _____ City: _____ State: _____ ZIP: _____

PHONE NUMBER () _____ EMAIL ADDRESS _____

ISSUE _____

By signing this form I agree that I have previously met with the Program Director in regards to my issue and I am requesting that the matter be sent to the Public Access Channel Board for resolution.

Signature _____ Date _____

Return completed form to: Email: mpac@mitw.org FAX: (715) 799-7077 Postal Mail: MPAC

ATTN: IGA Department
PO Box 910
Keshena, WI 54135

If you have questions please call (715) 799-5114 Ext. 1263